

| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b>  |              | <i>Complete if Known</i> |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
|---|--------------|--------------------------|-------------------|--|-----------------|--|----------------|--------------|----------|-------------------------------------|-----------------|------|----------|--------|--|-------------------------------------|------|------|---|---------------------------------------|--|------|------|---|--|---------------------------------------|------|------|--|--|--|------|------|--|--|--|--------------|------|------|--|--|------|------|---------------------------|--|---|------|--|--|------------------|--|--------------|--------------|--|--|------------------|----------|--------|-----------------|--------------------------|--|-------|------|-------------------------------------|---|--------------------------|------|-------|--|------------------------------|---|------|------|---------------------------|-------------------------------------|------------------------------|------|------|--|---|-------------------------------------|------|------|---|---|---|------|------|--|--|---|------|------|---|------|--|----------|------------------------------------|--|------|------|--------------|------|------------------|------|------|--|--|--|------|------|--|--|--------------------------|------|-------|------|-------|---|------|------|--|--|------------------------------|------|------|--|--|-------------------------------------|------|------|--|--|---|------|------|--|--|---|------|------|--|--|--|----------|------------------------------------|--|--|--|--------------|------|
| <small>Patent fees are subject to annual revision</small>   |              | Application Number       | 09/753,218        |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |              | Filing Date              | December 28, 2000 |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>0.00</b>  |              | First Named Inventor     | Darwin A. Engwer  |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
|   |              | Examiner Name            | Joshua A. Kading  |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
|   |              | Art Unit                 | 2661              |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
|   |              | Attorney Docket No.      | 3239p067          |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <small>under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</small>   |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <b>FEE CALCULATION</b>  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <b>1. EXTRA CLAIM FEES</b>  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">Total Claims</td> <td style="padding: 2px; text-align: right;">15</td> <td style="padding: 2px; text-align: right;">24*</td> <td style="padding: 2px; text-align: right;">=</td> <td style="padding: 2px;">Extra Claims</td> <td style="padding: 2px; text-align: right;">0</td> <td style="padding: 2px; text-align: right;">X</td> <td style="padding: 2px;">Fee from below</td> <td style="padding: 2px; text-align: right;">=</td> <td style="padding: 2px;">Fee Paid</td> <td style="padding: 2px; text-align: right;">\$0.00</td> </tr> <tr> <td style="padding: 2px;">Independent Claims</td> <td style="padding: 2px; text-align: right;">6</td> <td style="padding: 2px; text-align: right;">6*</td> <td style="padding: 2px; text-align: right;">=</td> <td style="padding: 2px;">=</td> <td style="padding: 2px; text-align: right;">0</td> <td style="padding: 2px; text-align: right;">X</td> <td style="padding: 2px;">=</td> <td style="padding: 2px;">=</td> <td style="padding: 2px;">=</td> <td style="padding: 2px; text-align: right;">\$0.00</td> </tr> <tr> <td colspan="11" style="text-align: center; padding: 2px;"> <small>Multiple Dependent</small> </td> </tr> </table>   |              |                          |                   | Total Claims   | 15              | 24*  | =              | Extra Claims | 0        | X                                   | Fee from below  | =    | Fee Paid | \$0.00 | Independent Claims                                     | 6                                   | 6*   | =    | = | 0                                     | X  | =    | =    | = | \$0.00   | <small>Multiple Dependent</small>     |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| Total Claims  | 15           | 24*                      | =                 | Extra Claims   | 0               | X  | Fee from below | =            | Fee Paid | \$0.00                              |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| Independent Claims  | 6            | 6*                       | =                 | =  | 0               | X  | =              | =            | =        | \$0.00                              |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <small>Multiple Dependent</small>   |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
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| Large Entity  | Small Entity |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
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| Fee Code  | Fee \$       | Fee Code                 | Fee \$            | Fee Description  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1202  | 2202         |                          |                   | Claims in excess of 20   |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1201  | 2201         |                          |                   | Independent claims in excess of 3                                |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1203  | 2203         |                          |                   | Multiple Dependent claim, if not paid                            |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1204  | 2204         |                          |                   | **Refuse independent claims over original patent                 |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1205  | 2205         |                          |                   | **Refuse claims in excess of 20 and over original patent         |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <small>*or number previously paid, if greater. For Reissues, see below</small>  |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <b>2. ADDITIONAL FEES</b>   |              |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
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text-align: right;">Fee Paid</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 5px;"> <small>Other fee (specify)</small> </td> <td style="padding: 2px; text-align: right;">SUBTOTAL (2)</td> <td style="padding: 2px; text-align: right;">(\$)</td> </tr> </table>  |              |                          |                   | Large Entity   | Small Entity    | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Fee Code</th> <th style="width: 30%;">Fee \$</th> <th style="width: 30%;">Fee Code</th> <th style="width: 30%;">Fee \$</th> <th style="width: 30%;">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td></td> <td></td> <td>SurchARGE - late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>2052</td> <td></td> <td></td> <td>SurchARGE - late provisional filing fee or cover sheet</td> </tr> <tr> <td>2163</td> <td>2053</td> <td></td> <td></td> <td>Non-English specification</td> </tr> <tr> <td>1251</td> <td>2251</td> <td></td> <td></td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>2252</td> <td></td> <td></td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>2253</td> <td></td> <td></td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>2254</td> <td></td> <td></td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2255</td> <td></td> <td></td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>2401</td> <td></td> <td></td> <td>Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>2402</td> <td></td> <td></td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>2403</td> <td></td> <td></td> <td>Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,610</td> <td>2451</td> <td>1,840</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1460</td> <td>2460</td> <td></td> <td></td> <td>Petition to the Commissioner</td> </tr> <tr> <td>1897</td> <td>1807</td> <td></td> <td></td> <td>Processing fee under 37 CFR 1.17(u)</td> </tr> <tr> <td>1806</td> <td>1806</td> <td></td> <td></td> <td>Submission of Information Disclosure Stmt</td> </tr> <tr> <td>1808</td> <td>1808</td> <td></td> <td></td> <td>Filing a submission after final rejection (37 CFR § 1.128(a))</td> </tr> <tr> <td>1810</td> <td>2810</td> <td></td> <td></td> <td>For each additional invention to be examined (37 CFR § 1.128(b))</td> </tr> </tbody> </table> | Fee Code       | Fee \$       | Fee Code | Fee \$                              | Fee Description | 1051 | 2051     |        |  | SurchARGE - late filing fee or oath | 1052 | 2052 |   |                                       | SurchARGE - late provisional filing fee or cover sheet | 2163 | 2053 |   |  | Non-English specification             | 1251 | 2251 |  |  | Extension for reply within first month           | 1252 | 2252 |  |  | Extension for reply within second month                  | 1253         | 2253 |      |  | Extension for reply within third month | 1254 | 2254 |                           |  | Extension for reply within fourth month | 1255 | 2255   |  |                  | Extension for reply within fifth month | 1401         | 2401         |  |  | Notice of Appeal | 1402     | 2402   |                 |                          | Filing a brief in support of an appeal | 1403  | 2403 |                                     |   | Request for oral hearing | 1451 | 1,610 | 2451   | 1,840                        | Petition to institute a public use proceeding | 1460 | 2460 |                           |                                     | Petition to the Commissioner | 1897 | 1807 |  |   | Processing fee under 37 CFR 1.17(u) | 1806 | 1806 |   |   | Submission of Information Disclosure Stmt | 1808 | 1808 |  |  | Filing a submission after final rejection (37 CFR § 1.128(a)) | 1810 | 2810 |   |      | For each additional invention to be examined (37 CFR § 1.128(b)) | Fee Paid | <small>Other fee (specify)</small> |  |      |      | SUBTOTAL (2) | (\$) |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| Large Entity  | Small Entity |                          |                   |  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
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| Fee Code  | Fee \$       | Fee Code                 | Fee \$            | Fee Description  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1051  | 2051         |                          |                   | SurchARGE - late filing fee or oath                              |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1052  | 2052         |                          |                   | SurchARGE - late provisional filing fee or cover sheet           |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 2163  | 2053         |                          |                   | Non-English specification  |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1251  | 2251         |                          |                   | Extension for reply within first month                           |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1252  | 2252         |                          |                   | Extension for reply within second month                          |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1253  | 2253         |                          |                   | Extension for reply within third month                           |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1254  | 2254         |                          |                   | Extension for reply within fourth month                          |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1255  | 2255         |                          |                   | Extension for reply within fifth month                           |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1401  | 2401         |                          |                   | Notice of Appeal   |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1402  | 2402         |                          |                   | Filing a brief in support of an appeal                           |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1403  | 2403         |                          |                   | Request for oral hearing   |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1451  | 1,610        | 2451                     | 1,840             | Petition to institute a public use proceeding                    |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1460  | 2460         |                          |                   | Petition to the Commissioner                                     |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1897  | 1807         |                          |                   | Processing fee under 37 CFR 1.17(u)                              |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1806  | 1806         |                          |                   | Submission of Information Disclosure Stmt                        |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1808  | 1808         |                          |                   | Filing a submission after final rejection (37 CFR § 1.128(a))    |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| 1810  | 2810         |                          |                   | For each additional invention to be examined (37 CFR § 1.128(b)) |                 |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |
| <small>Other fee (specify)</small>  |              |                          |                   | SUBTOTAL (2)   | (\$)            |  |                |              |          |                                     |                 |      |          |        |  |                                     |      |      |   |                                       |  |      |      |   |  |                                       |      |      |  |  |  |      |      |  |  |  |              |      |      |  |  |      |      |                           |  |   |      |  |  |                  |  |              |              |  |  |                  |          |        |                 |                          |  |       |      |                                     |   |                          |      |       |  |                              |   |      |      |                           |                                     |                              |      |      |  |   |                                     |      |      |   |   |   |      |      |  |  |   |      |      |   |      |  |          |                                    |  |      |      |              |      |                  |      |      |  |  |  |      |      |  |  |                          |      |       |      |       |   |      |      |  |  |                              |      |      |  |  |                                     |      |      |  |  |   |      |      |  |  |   |      |      |  |  |  |          |                                    |  |  |  |              |      |

**SUBMITTED BY***Complete if applicable*

|                   |   |                                   |          |
|-------------------|---|-----------------------------------|----------|
| Name (Print/Type) | William W. Schmid   | Registration No. (Attorney/Agent) | 39,018   |
| Signature         |  | Date                              | 02/09/05 |

Based on PTO/SO/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ver) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450